

<b>Case Number:</b>	CM15-0065899		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male, who sustained an industrial injury on 12/5/05. He reported pain in the neck and low back. The injured worker was diagnosed as having major depressive disorder and posttraumatic stress disorder. Treatment to date has included psychotherapy. Previous therapy gains included increased capacity to consider his chronic condition and accompanying losses without quickly becoming overwhelmed. Significantly less frequent visits to the emergency room out of desperation in the face of severe pain was also noted. Currently, the injured worker complains of severe headaches, trembling hands, back pain, grief, and depression. The injured worker stated he was not able to do anything and he was feeling guilt and shame about his difficulty finding ways to be useful. The treating physician requested authorization for cognitive behavioral therapy x12 sessions. A physician's report dated 3/9/15 noted additional individual psychological treatment is required in order to address the psychosocial barriers that might be preventing his function and recovery. Future therapy goals included continued reduction in anxiety and depressive ideation, increased active communication and coping strategies, and continued behavioral modification to manage autonomic nervous system arousal.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cognitive Behavioral Therapy x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: Continued psychological treatment is contingent upon the establishment of medical necessity which is typically documented with all 3 of the following: continue patient psychological symptomology and clinically significant level that warrants psychological treatment, total quantity of sessions requested along with the total quantity of prior sessions already received consistent with the above stated MTUS/ODG guidelines and demonstration of patient benefited from prior treatment sessions including objectively measured functional improvement. For most patients a course of treatment consisting of 13 to 20 sessions maximum is recommended. An exception is made for patients with severe major depressive disorder or PTSD to allow for maximum of 50 sessions. This exception may apply for this patient given the severity of his depression as indicated in the medical records; however because the total quantity of sessions that he is already received to date was not clearly stated he could not be determined clearly whether or not he is eligible for additional sessions. It is noted that he is had at a minimum of 18 sessions dating back to September 2014. Given that the patient's injury occurred over 9 years ago it seems likely that has had additional psychological treatment other than what is documented here and that the additional 12 sessions would exceed the recommended guidelines, although this could not be determined definitively due to insufficient documentation. Because it appears that this request exceeds treatment guideline maximum for even the extended course of psychological treatment (although this could not be verified)

and there was insufficient information regarding prior session quantity, the medical necessity of this request was not established. Because medical necessity could not be established the request to overturn the utilization review finding for non-certification is not approved.